

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|-----------------------------------------------------------|-----------------------------------------------|--------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| NAME OF FILER BERRYHILL FOR ASSEMBLY 2010, BILL | | | Date of This Filing 08/18/2010 | Date Stamp Page 1 of 2 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (209)537-9326 | I.D. NUMBER (if applicable) 1314368 | | Report No. 081810 | | |
| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY CERES | STATE CA | ZIP CODE 95307 | No. of Pages 2 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------|
| 08/17/2010 - 08/17/2010 | THE CALIFORNIA ASSOCIATION OF PEST CONTROL ADVISORS PAC SACRAMENTO, CA 95834 ID# 801164 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 |
| 08/17/2010 - 08/17/2010 | CALIFORNIA INDEPENDENT OIL MARKETERS PAC SACRAMENTO, CA 95834 ID# 760982 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

| | |
|---------------------------------------------------|-----------------------------------|
| IND - Individual | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other | |

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|-----------------------------------------------------------|-----------------------------------------------|--------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|
| NAME OF FILER BERRYHILL FOR ASSEMBLY 2010, BILL | | | Date of This Filing 08/18/2010 | Date Stamp Page 2 of 2 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (209)537-9326 | I.D. NUMBER (if applicable) 1314368 | Report No. 081810 | | | |
| STREET ADDRESS | | | | | |
| CITY CERES | STATE CA | ZIP CODE 95307 | | | |
| | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| | | | No. of Pages 2 | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Reason for Amendment: